

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

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|--------------------|
| ACCOUNT BILLED |
| ASPHALT RIDGE INC. |

| |
|--------------------|
| PROJECT NAME |
| CAMERON #1 PROJECT |

| |
|------------|
| PROJECT ID |
| S470036 |

| | | |
|------------|------------|------------|
| DUE DATE | ANNUAL FEE | AMOUNT DUE |
| 07/25/2003 | \$ 150 | \$ 150 |

| |
|-----------------------------|
| TAX ID OR SOCIAL SECURITY # |
| |

| |
|--|
| <input type="checkbox"/> FEE NOT ENCLOSED |
| Permittee requests an inspection to close out this permit. |

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

| | |
|--------------------------------------|--------------------|
| Change of Address | |
| Contact | RECEIVED |
| Address | JUL 23 2003 |
| DIV. OF OIL, GAS & MINING | |
| E-Mail Address _____ | |
| State _____ | Zip _____ |
| Phone _____ | |

Please make check payable to:
Division of Oil, Gas and Mining